Department of the Treasury

Short Form

29492298 0 44 2 1 45-00 8 **Return of Organization Exempt From Income Tax**

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

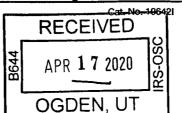
▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calend	ar year, or tax year beginning January 1st , 2019, and ending Dec	ember 31:	st , 20 19
Вс	heck if ap	oplicable:	C Name of organization 22 D Emp	loyer ident	ification number 2
	ddress c	hange	Global Compassion Foundation	800	669212
	lame cha	inge	Number and street (or P.O. box if mail is not delivered to street address) ?: Room/suite E Tele	phone num	ber
=	nibal retu		5020 North Washington	405 8	880 4612
=	inal retur Umended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	up Exemp	tion
=		n pending	Stillwater, Oklahoma 74075	mber 🕨	?1
G A	ccount	ting Method:	☑ Cash ☐ Accrual Other (specify) ► H Check	▶ ☐ if th	ne organization is not
i V	/ebsite	: ► globa	alcompassionfoundation.com require	d to attach	Schedule B
J Ta	ах-ехеп			990, 990-E	Z, or 990-PF).
			Corporation Trust Association Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
(Par	t II, col		\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	100,532.
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
			the organization used Schedule O to respond to any question in this Part I		
?1	1		ons, gifts, grants, and similar amounts received	1	135,797.
?;	2	•	ervice revenue including government fees and contracts	2	
?1	3		ip dues and assessments	3	
?:	4	Investmen		4	
	5a		ount from sale of assets other than inventory 5a	-	
	b		or other basis and sales expenses	<u> </u>	
	6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) and fundraising events:	5c	
ē	а	_	ome from gaming (attach Schedule G if greater than		
Revenue	b	from fundi	ome from fundraising events (not including \$ of contributions raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b		
	c d		ct expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	6d	
	7a	Gross sale	s of inventory, less returns and allowances	<u> </u>	
	b		of goods sold		
	С		fit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,797
	10		d similar amounts paid (list in Schedule O)	10	126,039
	11	_	aid to or for members	11	
98	12	-	ther compensation, and employee benefits 22	12	
ë	13		all fees and other payments to independent contractors 22	13	···-
Expenses	14	•	y, rent, utilities, and maintenance	14	222
ш	15	• • •	ublications, postage, and shipping	15	333.
	16	•	enses (describe in Schedule O) 22	16	49/ 970
	17	Total expo	enses. Add lines 10 through 16	17	126,372
ţ	18		(deficit) for the year (subtract line 17 from line 9)	18	9,425
586	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with ar figure reported on prior year's return)	10	01 107
ţ	00	-		19	91,107.
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	20	100 522
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	100,532.

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990-EZ** (2019)

SCANNED MAR 3 0 2021

	990-EZ (2019) Global Campassim Foun rt II Balance Sheets (see the instructions f		N #80066			
	Check if the organization used Schedule	•	ny question in this !	Part II		🗆
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			91,107.	22	100,532
23	Land and buildings		· · · · ·		23	
24	Other assets (describe in Schedule O)		· · · · · ·		24	
			-	01 107	+	100 522
25	Total assets			91,107.	-	100,532
26	Total liabilities (describe in Schedule O)		<i></i> [26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	91,107.	27	100,532
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		
	Check if the organization used Schedule	,			Ì	Expenses
Λ/ha			in severe need or cri		(Req	uired for section
						c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest provided	rogram services, , the number of	orga	inizations; optional fo
28	HAITI: Hand water well drilling program, water filter in	nstallations, food su	pplies and medical ai	d clinics, orphana		
	coinstruction aid, kid for kid goat program for familie					
						1
	/O	:			00-	105.00
?:	(Grants \$ 105,000.) If this amount				28a	105,00
29	United States aid programs: aid to service organizati					Ì
	shelters, free medical clinics, disaster relief, poor ch					
	(Grants \$ 17,105.) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	17,10
30	India: orphanage support and food, clothing, and sup	oplies for needy peop	ole in this country		ł	ŀ
	Approximately number of people served 500			+		
						İ
	(O					
	(Grants \$ 3,934.) If this amount	includes foreign gra	ints, check here .	<u>, , , ▶ ⊔</u>	30a	3,93
31	Other program services (describe in Schedule O)					
•.	Carrel program contract (Cooperate or					į
٠.	• •		nts, check here .	 ▶ □	31a	
	(Grants \$) If this amount	includes foreign gra	ints, check here .		31a	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a)	ants, check here .	🕨	32	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list eacl	ants, check here .	ensated—see the i	32	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a) Employees (list each O to respond to an	ants, check here none even if not comp ny question in this	oensated – see the i	32	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average	ants, check here .	ensated—see the i	32 nstruc	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list each O to respond to al (b) Average hours per week	nnts, check here n one even if not company question in this (c) Reportable	pensated—see the increase the i	32 nstruc	126,03
32	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average	nnts, check here n one even if not comp ny question in this (c) Reportable compensation	pensated—see the incompare IV	32 nstruc	126,03
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the interpretation of the inter	32 nstruc	126,03
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) Employees (list each O to respond to al (b) Average hours per week	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretate in the part IV. (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	126,03
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the interpretate in the part IV. (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	126,03
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32 Par Johr	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 2: (a) Name and title 1 Jessen, Treasurer Roberts, Director	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nnts, check here n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the inter	32 nstruc ree (e)	126,03 ctions for Part IV) [Estimated amount other compensation
32 Par Johr	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nnts, check here none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the inter	32 nstructure (e)	126,03 ctions for Part IV) [Estimated amount other compensation
32 Par Johr Amy	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title 13 Jessen, Treasurer Roberts, Director Roberts, Director	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nnts, check here n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the inter	32 nstruc ree (e)	126,03
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32 Par Johr Amy	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title 13 Jessen, Treasurer Roberts, Director Roberts, Director	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nnts, check here none even if not company question in this compensation (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated—see the incommendated pearl IV	32 nstructure (e)	126,03
32 Par Johr Amy Ken	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 22 (a) Name and title 13 Jessen, Treasurer Roberts, Director Roberts, Director	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 1	nnts, check here n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incommendated pearl IV	32 nstruc ree (e) o	126,03
32 Par Johr Amy Ken	(Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Roberts, Director Roberts, Director el Barrick, President	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nnts, check here n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the inter	32 nstruc ree (e) o	126,03
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32 Par Johr Ven Cind	(Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses (add line	includes foreign gra hrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 1 2	nnts, check here n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the inter	32 nstruc ree (e) 0	126,03
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Form 990-EZ (2019) Global COMPASSAN FOUNDATION EIN # 800669212

APAD BAGE 3

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 1 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . 38a If "Yes," complete Schedule L. Part II. and enter the total amount involved b 39 Section 501(c)(7) organizations. Enter: Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40a ; section 4955 ► section 4911 ▶ ; section 4912 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 42a The organization's books are in care of ▶ Telephone no. ▶ ZiP + 4 ▶ Located at ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 1 If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 See instructions

om 990)-EZ (20	119) 6/0 bac	(OMM43316	IN FOUNDATAGO	D EMH 80	10607X	17			age 4
46	Did th	e organization en	ngage directly or in	directly, in political c	ampaign activities o	on behatf of	or in opposit	tion	Yes	No
10	to car	ididates for public	c office? If "Yes," c	omplete Schedule C,	, Part I		, , , ,	. 46	_	~
Part \		Section 501(c)(All section 501(c) 50 and 51.	(3) Organizations c)(3) organizations		stions 47-49b and	d 52, and o	complete th	e tables	for line	es
-		oncon ii tilo orga			, , , , , , , , , , , , , , , , , , ,		·		Yes	No
		•	ngage in lobbying te Schedule C, Part	activities or have a	section 501(h) elect		t during the	tax . 47		~
48	Is the	organization a scl	hool as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule	E	. 48		~
49a	Did th	ie organization m	ake any transfers to	o an exempt non-cha	ritable related organ	nization? .			+	V
50	Comp	lete this table for	r the organization's	ction 527 organization five highest compensation	sated employees (o	ther than of	ficers, direct		es, an	
	emplo	yees) who each i	received more than	\$100,000 of comper	nsation from the org			e, enter "	None."	<u>, </u>
	(a) l	Name and title of each	n employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	atth benefits, ans to employee as, and deferred pensation	(e) Estima other co	ted amo mpensat	
one										
										
										
										
					<u></u>					
51	Comp	olete this table fo		er \$100,000 s five highest componization. If there is no	ensated independer	nt contracto	ors who each	n receive	d more	than
51	Comp \$100,	olete this table for 000 of compens	or the organization'	s five highest componization. If there is no	ensated independer			receive		than
51	Comp \$100,	olete this table for 000 of compens	or the organization' ation from the orga	s five highest componization. If there is no	ensated independer one, enter "None."					than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					e than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					e than
51	Comp \$100,	olete this table fo 000 of compensa Name and business ac	or the organization' ation from the orga	s five highest componization. If there is not lent contractor	ensated independer one, enter "None."					e than
51 none d	Comp \$100, (a)	number of other i	or the organization' ation from the orga ddress of each independent contra complete. Schedu	s five highest componization. If there is not lent contractor	ensated independence, enter "None." (b) Type of some of the some	ervice	(c)) Compensa	tion	
d 52	Total Did t comp	number of other interest Schedule A	independent contra	s five highest componization. If there is not lent contractor actors each receiving alle A? Note: All seconds	ensated independence, enter "None." (b) Type of some over \$100,000 and the control of the contr	ervice . ▶ ganizations	must attacl	n a	s 🔲	
d 52	Total Did t comp	number of other interest Schedule A	independent contra	s five highest componization. If there is not lent contractor lent contractor actors each receiving lie A? Note: All se	ensated independence, enter "None." (b) Type of some over \$100,000 and the control of the contr	ervice . ▶ ganizations	must attacl	h a .▶☑ Ye	s 🔲	
d 52	Total Did t compensities rect, and	number of other in the organization eleted Schedule A complete Declaration Signature of office	independent contra complete Schedu hat I have examined this reprofessor	s five highest componization. If there is not lent contractor actors each receiving alle A? Note: All seconds	ensated independer one, enter "None." (b) Type of some over \$100,000 are circles and state one, enter "None."	ganizations ments, and to	must attacl	h a .▶☑ Ye	s 🔲	
d 52	Total Did t comp	number of other in the organization eleted Schedule A of penury, Adeclare the complete Declaration	independent contra complete Schedu hat I have examined this re on of preparer (other than	s five highest componization. If there is not lent contractor actors each receiving alle A? Note: All seconds	ensated independer one, enter "None." (b) Type of some over \$100,000 are circles and state one, enter "None."	ganizations ments, and to	must attaclthe best of my knyledge	h a .►☑ Ye	s 🔲	
d 52 Inder perue, con	Total Did t compensatives rect, and	number of other in the organization bleted Schedule A complete Declaration baniel Barrick	independent contra complete Schedu at I have examined this ron of preparer (other than	s five highest componization. If there is not lent contractor actors each receiving alle A? Note: All seconds	ensated independence, enter "None." (b) Type of some over \$100,000 and the content of the conte	ganizations ments, and to	must attaclthe best of my knyledge	n a .▶☑ Ye nowledge a	s 🔲	
d 52 Pinder perue, con	Total Did t compensities rect, and	number of other in the organization oleted Schedule A of perjury, Adeclare the complete Declaration of Declarat	independent contra complete Schedu at I have examined this ron of preparer (other than	s five highest componization. If there is not lent contractor lent contractor actors each receiving lile A? Note: All service actors accompany officer) is based on all info	ensated independence, enter "None." (b) Type of some over \$100,000 and the content of the conte	ganizations ments, and to er has any know	must attacl the best of my killedge 3 ~ 2.0 <	n a .▶☑ Ye nowledge a	s 🔲	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the orga	anization			· · · · · · · ·		Employer identification	n number
Global Compassion Foundation 800669212 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
Par								ons.
The c	•	ion is not a private founda						
1		urch, convention of churc	•					~
2		nool described in section					· ·) 4
3		spital or a cooperative ho						621)
4	hosp	edical research organization ital's name, city, and state	θ:					
5		rganization operated for ion 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	tal unit described in
6 7	☐ An o	leral, state, or local goven rganization that normally ribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A co	mmunity trust described i	n section 170(b))(1)(A)(vi). (Complete l	Part II.)			
9	or unive	gricultural research organ niversity or a non-land-gra ersity:	nt college of agr	nculture (see instruction	ons). Ente	r the nan	ne, city, and state of	f the college or
10	recei supp	rganization that normally into the properties of	to its exempt fu t income and un	nctions—subject to c related business taxal	ertaın exc ble incom	ceptions, ne (less so	and (2) no more tha ection 511 tax) from	ın 33¹/₃% of its
		rganization organized and		•	-			
12		rganization organized and						
		ne or more publicly suppo						
		ck the box in lines 12a thro	=					
а	ti	ype I. A supporting orgar he supported organization upporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	□ 1	ype II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	ion(s), by having
	c	ontrol or management of	the supporting o	organization vested in	the same			
	O	rganization(s). You must	complete Part i	V, Sections A and C	•			
C		'ype III functionally integ is supported organization						ally integrated with,
d	ti	ype III non-functionally in the is not functionally integrated in the instruction in the	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement ar	
е	□ c	Check this box if the organunctionally integrated, or	nization received Type III non-fund	a written determinated	on from the	ne IRS the	at it is a Type I, Typi ion.	e II, Type III
f	Enter t	he number of supported o	organizations .					
g	Provid	e the following information	n about the supp	ported organization(s).				
	(i) Name (of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)		, 11 m = 11 m m m						
(E)						-		
Tatal	1						-	· · · · · ·

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not MA include any "unusual grants.") . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4 none Section B. Total Support (c) 2017 (e) 2019 (f) Total (a) 2015 **(b)** 2016 (d) 2018 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) 13 Section C. Computation of Public/Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Jec u	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	86,015.	127,275.	68,629.	133,124.	126,039.	541,082.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	o	o	o	o	ol	0
3	Gross receipts from activities that are not an	_					
•	unrelated trade or business under section 513	o	اه	o	0	o	0
	Tax revenues levied for the						_
4						1	
	organization's benefit and either paid to or expended on its behalf		ا	0		o	0
_	•	0	0		0		
5	The value of services or facilities						
	furnished by a governmental unit to the	ا			•		•
_	organization without charge	0	0	0	422.424	0	544.000
6	Total. Add lines 1 through 5	86,015.	127,275.	68,629.	133,124.	126,039	541,082.
7a	Amounts included on lines 1, 2, and 3	_		_		_	_
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						0
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	86,015.	127,275.	68,629.	133,124.	126,039.	541,082.
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources .	o	0	0	0	0	0
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
D		o	0	0	0	0	0
	section 511 taxes) from businesses	0	0	0	0	0	0
	section 511 taxes) from businesses acquired after June 30, 1975						0
c	section 511 taxes) from businesses acquired after June 30, 1975						0
c	section 511 taxes) from businesses acquired after June 30, 1975						0 0
c	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0 0
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0 0
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	0	0	0	0	0	
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	· · · · · · · · · · · · · · · · · · ·
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	· · · · · · · · · · · · · · · · · · ·
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 0 0 86,015.	0 0 0 127,275.	0 0 68,629.	0 0	0 0 0	0 541,082.
c 11 12	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 0 86,015. ne organization	0 0 0 127,275. 's first, second	0 0 68,629. d, third, fourth	0 0 133,124.	0 0 0	0 541,082. n 501(c)(3)
c 11 12 13	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 0 86,015. ne organization re	0 0 127,275. 's first, second	0 0 68,629. d, third, fourth	0 0 133,124.	0 0 0 126,039. ear as a section	0 541,082. n 501(c)(3)
11 12 13 14 Section	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 86,015. ne organization re	0 0 127,275. 's first, second	68,629. d, third, fourth	0 0 0 133,124. , or fifth tax ye	0 0 0 126,039. ear as a section	0 541,082. n 501(c)(3)
11 12 13 14 Section 15	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage 8, column (f), di	0 0 127,275. 's first, second	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	0 0 0 126,039. ear as a section	0 541,082. n 501(c)(3) ▶ □
11 12 13 14 Section 15 16	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage 8, column (f), dinedule A, Part I	0 127,275. 's first, second 	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	0 0 126,039. ear as a section	0 541,082. n 501(c)(3) · · ▶ □
11 12 13 14 Section 15 16 Section 15	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage B, column (f), di nedule A, Part I come Percer	0 127,275. 's first, second e ivided by line 1 II, line 15 .	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	0 0 126,039. ear as a section	0 541,082. n 501(c)(3) · · ▶ □
11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage B, column (f), di nedule A, Part I come Percer line 10c, colum	0 127,275. 's first, second e vided by line 1 II, line 15 . ntage in (f), divided by	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	0 0 126,039. ear as a section	0 541,082. n 501(c)(3) ▶ □ 100 % 100 %
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage B, column (f), di nedule A, Part I come Percer line 10c, colum B Schedule A, F	0 127,275. 's first, second vided by line 1 II, line 15 . ntage In (f), divided by	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	126,039. ear as a section 15 16 17 18	0 541,082. n 501(c)(3) ▶ □ 100 % 100 % 0 %
11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage B, column (f), di nedule A, Part I come Percer line 10c, colum B Schedule A, F ization did not	o 127,275. 's first, second vided by line 1 II, line 15 htage In (f), divided by Part III, line 17 check the box	68,629. d, third, fourth	0 0 133,124. , or fifth tax ye	126,039. ear as a section 15 16 17 18 ore than 331/39	0 541,082. n 501(c)(3) ▶ □ 100 % 100 % 0 % 6, and tine
11 12 13 14 Section 15 16 Section 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage 3, column (f), di nedule A, Part I come Percer line 10c, colum 3 Schedule A, F ization did not and stop here.	0 127,275. 's first, second vided by line 1 II, line 15 ntage In (f), divided by Part III, line 17 check the box The organization	68,629. d, third, fourth 3, column (f) by line 13, colu con line 14, ar	0 0 133,124. , or fifth tax ye 	126,039. ear as a section 15 16 17 18 ore than 331/39 orted organization	0 541,082. n 501(c)(3) ▶ □ 100 % 100 % 0 % 0 % 6, and line on . ▶ ☑
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	86,015. ne organization re rt Percentage 8, column (f), di nedule A, Part I come Percer line 10c, colum 3 Schedule A, F ization did not and stop here. ration did not cl	127,275. 's first, second vided by line 1 ll, line 15 ntage in (f), divided by art III, line 17 check the box The organizationeck a box on	68,629. d, third, fourth	0 133,124. , or fifth tax years	126,039. ear as a section 15 16 17 18 ore than 331/39 orted organization is more than 3	0 541,082. n 501(c)(3) ► □ 100 % 100 % 0 % 6, and line on . ► ☑ 31/3%, and

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 800669212 Global Compassion Foundation Part 1 Line 10 Haiti Hand water well drilling program, water filter installation, food supplies and medical aid clinics, orphanage construction aid, kid for kid goat program for families. HAITI is desperate for clean water, food, and medicine for the sick. Families need meat which the goat program provides Thousands of orphans need food, shelter, and a family to love Total provided for these programs \$105,000, serving approx 2000 people. GCF takes teams to Haiti to deliver aid directly into the hands of the people there United States aid, funds provided to service organizations and people that provide and serve the people hurting financially, disaster relief, abused, and homeless. Amount provided \$17,105 approx. number served 500 India: funds provided to support orphanages and food, clothing, and supplies for needy people in this country. Funds provided \$3934 approx number of people served 500 TOTAL GRANTS PAID \$126,039